

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sun Life Assurance Company of Canada
 The Corporation Company
 2000 Interstate Park Drive, Suite 204
 Montgomery, AL 36109

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

X

The Corporation Company

B. Received by (Printed Name)

C. Date of Delivery

The Corporation Company

2/5/08

D. Is delivery address different from item 1? ☐ Yes☐ No

If YES, enter delivery address below:

2:08 CV 70

S & C

20

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7003 1680 0001 9817 7167

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540